



**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
**Health Care Financing Administration**

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**Center for Medicaid and State Operations**  
**7500 Security Boulevard**  
**Baltimore, MD 21244-1850**

**Date:** August 15, 2001 Reference S&C-01-23

**From:** Director  
Survey and Certification Group

**Subject:** New HCFA-855(A) and (B) Applications and Procedures

**To:** Associate Regional Administrators, Division of Medicaid & State  
Operations  
State Survey Agency Directors

The purpose of this memorandum is to notify states and regional offices of changes in the HCFA-855 application and procedures. The new applications relevant for your use are the HCFA-855A and HCFA-855B. These replace the HCFA-855 and HCFA-855C applications dated January 1998. The HCFA-855A is the "Medicare Federal Health Care Provider/Supplier Application for Health Care Providers that will Bill Medicare Fiscal Intermediaries," and the HCFA-855B is the "Medicare Federal Health Care Provider/Supplier Application for Health Care Suppliers that will Bill Medicare Carriers." The HCFA-855C, Medicare Change of Information Health Care Provider/Supplier Application, has been discontinued. Providers or suppliers reporting changes to their enrollment applications will use the HCFA-855A or HCFA-855B, as appropriate.

We have changed our policy with regard to the distribution of HCFA-855s. The new policy will become effective on October 1, 2001. Under the old policy, the state agency distributed the enrollment application to new providers/suppliers and/or for Changes of Ownership, and the provider returned the completed application to the state agency. Under the new policy, only the fiscal intermediary (FI) or carrier will distribute enrollment applications for providers/suppliers that they enroll. The provider/supplier should complete the application and submit it directly to the intermediary or carrier. Within 10 calendar days of receipt of the HCFA-855A or HCFA-855B, the FI/carrier will send a copy of the application to the state agency or the regional office, as applicable. If the state agency has not been contacted by the applicant when it receives a copy of the enrollment application, then the State agency will contact the applicant using the phone number listed on the application.

The CMS website located at [www.cms.hhs.gov/medicare/enrollment](http://www.cms.hhs.gov/medicare/enrollment) contains a list of FIs and carriers by state and specialty. If the provider/supplier needs to select an FI or carrier, it may access this website. The provider's FI of preference does not automatically guarantee that it will be assigned to that FI. The FI/carrier will answer any applicant inquiries concerning completion of the enrollment application. The provider/supplier must still contact the state agency for

Medicare and/or Medicaid certification forms required for their provider/supplier type, and to respond to questions about survey and certification including the effect of any proposed changes.

If the FI recommends approval of the enrollment application, it will provide the state agency and relevant Regional Office with a written recommendation for approval. **The state agency should not perform a survey of a new facility until it has received notice from the FI or carrier that the information provided on the enrollment application has been verified.** A State agency may, however, start planning for a state survey upon initial contact with the applicant. These guidelines also apply to providers/suppliers seeking deemed status through their accreditation by a professional organization.

As of October 1, 2001, State agencies will stop distributing copies of the old HCFA-855 forms. However, the state agency may receive and forward to the applicable FI or carrier completed originals of the old HCFA-855 that they receive. This may be done for up to 60 days after October 1, 2001. After December 1, 2001, advise applicants that use of the new forms and procedures is required.

State agencies should forward copies of all applicant and enrollee letter correspondence, related to Medicare enrollment, to the applicable fiscal intermediary or carrier.

**Effective Date:** This policy clarification is effective October 1, 2001.

**Training:** This policy should be shared with all survey and certification staff, their managers, OSCAR coordinators, Enrollment coordinators, and the state/regional office training coordinator. We are making changes to Chapter 2 of the State Operations Manual to reflect this policy.

/s/

Steven A. Pelovitz

